



Please sign (+) inside this box → []

PTO/SB-01 (10-00)

Approved for use through 10/31/2002. OMB 2055-0010

U.S. Patent and Trademark Office U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

Declaration Submitted with Initial Filing OR Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number	
First Named Inventor	ORAL SEKENDUR
COMPLETE IF KNOWN	
Application Number	
Filing Date	08-27-01
Group Art Unit	
Examiner Name	

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

One Visit Dental Prosthesis

*Continuation in Part of
Application # 09/270-896*

(Title of the Invention)

the specification of which

is attached hereto

OR

was filed on (MM/DD/YYYY) []

as United States Application Number or PCT International

(if applicable)

Application Number []

and was amended on (MM/DD/YYYY) []

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?
			<input type="checkbox"/>	YES NO
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/028 attached hereto.

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/028 attached hereto

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

8-27-01



Please type a plus sign (+) inside this box →

PTO/SB/01 (10-05)

Approved for use through 10/31/2002 GOMS 0851-0016

U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION — Utility or Design Patent Application

Direct all correspondence to <input type="checkbox"/> Customer Number or Bar Code Label <input type="checkbox"/>		By <input checked="" type="checkbox"/> Correspondence address below	
Name	ORAL SEKENDUR		
Address	399 W. FULLERTON PKWY		
Address			
City	CHICAGO	State	IL ZIP 60614
Country	US Telephone 773 880-5574	ZIP 773 880-5574	Fax
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that wilful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1301 and that such wilful false statements may jeopardize the validity of the application or any patent issued thereon.			
NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) ORAL FATH		Family Name or Surname SEKENDUR	
Inventor's Signature			
Date			
Residence: City	CHICAGO	State	IL USA Country
Mailing Address	399 W. FULLERTON PKWY.		
Mailing Address			
City	CHICAGO	State	IL ZIP 60614 Country USA Citizenship
NAME OF SECOND INVENTOR:	<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature			
Date			
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address	City	State	ZIP Country
<input type="checkbox"/> Additional inventors are being named on the _____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto			

(Page 2 of 2)

8-27-01